



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:  
04-10

Date:  
06/02/04

### Administrative Memorandum

**SUBJECT: WFP&I - DISTRICT ATTORNEY INVESTIGATIONS (DAI) REFERRAL FORM AND CHECKLIST**

**REFERENCE:**

**CANCELS:** **FILE IN:** WFP&I Handbook, 05-100

### **SPECIAL ATTENTION:**

☒ SWFIs ☒ WFIs ☒ DAI Unit

### **I. PURPOSE**

This Administrative Memorandum (AM) releases procedures for referring an investigation to the Office of the District Attorney, Investigation Section, Welfare Recipient Fraud Unit for consideration. The AM also releases procedures for completing the WFP&I 384, DAI Referral and the WFP&I 385, DAI Checklist.

### **II. POLICY**

Welfare Fraud Investigative staff is to use the WFP&I 384, DAI Referral, and WFP&I 385, DAI Checklist, when referring an allegation to the DAI Unit for consideration. Referrals made to the DAI Unit should meet at least one of the following criteria:

- Aided on public assistance for 3 to 5 years
- The estimated overpayment is in excess of \$50,000
- At least two years prior to expiration of the statute of limitations

The Welfare Fraud Investigator (WFI) **is not** to make field calls or have any personal contact with suspects after the investigation is referred to the DAI Unit.

Cases with extenuating circumstances that do not meet the above criteria are to be discussed with administrative staff if the WFI and Supervising Welfare Fraud Investigator (SWFI) believe investigation by the DAI Unit is appropriate.

### **III. PROCEDURES**

- A.** The WFI must ensure that the following information has been included on the WFP&I 384, DAI Referral in the appropriate section:

#### **WFP&I – DAI 384 FORM**

1. Aid Type (i.e. CalWORKs, General Relief, Food Stamps)
2. Source of Referral (We Tip, CFRL, Eligibility Staff etc.)

### III. PROCEDURES - Continued

3. Date of Allegation(s)
4. Allegation Information (Factual basis of the alleged fraud investigation)
5. Estimated monetary loss
6. Suspect Information
7. Additional Suspects Information (if applicable)
8. Vehicles Owned/Registered
9. Employer, Business Ownership or Suspected Business Ownership information
10. Real Property or suspected Real Property Ownership
11. Personal Property
12. Comments (Additional information that may be pertinent to the alleged investigation)
13. WFI name and telephone number
14. SWFI name and telephone number
15. WFP&I XXX, DAI Checklist

#### B. WFP&I – DAI CHECKLIST

After completing the WFP&I 385, DAI Referral, the WFI shall:

1. Create a duplicate Central Fraud Folder (CFF) that includes copies of all pertinent original documents forwarded to the DAI Unit.
2. Complete the WFP&I 385, DAI Checklist to ensure that all required forms have been completed and copies of all required documentation have been included in the Duplicate CFF.
3. Ensure that all portions of the Historical Case Record obtained from FKI or the case-carrying district and all other pertinent original documents are forwarded to the DAI Unit.

The SWFI must ensure that a PA 6-1, Miscellaneous Transmittal is included for signature by the DAI Unit, confirming receipt of referral, CFF and all portions of the Historical Welfare Case Record forwarded to the DAI Unit.

The WFP&I 384, DAI Referral and the WFP&I 385, DAI Checklist must be forwarded to the Deputy Director and SWFI for signature and approval prior to submission of a case to the DAI Unit for investigation consideration.

Please direct questions regarding this memo to your immediate supervisor.

  
\_\_\_\_\_  
Luther Evans, Director  
Welfare Fraud Prevention & Investigations Section

LE:MH:rw

Attachments

c: Deputy Directors  
Chief Clerk

## DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

(FIELD FOR DATE)

Attn: **Office of the District Attorney, Investigations - Recipient Welfare Fraud**

Welfare Fraud Prevention & Investigations Section is referring the following (Field - Aid Type) case to the District Attorney Investigation unit for consideration:

**Source of Referral:** (Field) \_\_\_\_\_ **Date of Allegation:** (Field) \_\_\_\_\_

**Allegation Information:** (Field) \_\_\_\_\_

**Estimated Monetary Overpayment (Loss):** (Field) \_\_\_\_\_

**SUSPECT INFORMATION**

**Case Name:** (Field) \_\_\_\_\_ **Date Aid began:** (Field) \_\_\_\_\_

**LEADER Case Number:** (Field) \_\_\_\_\_ **Legacy Case Number:** (Field) \_\_\_\_\_

**Originating District Office Name & Number:** (Field) \_\_\_\_\_

**Address:** (Field) \_\_\_\_\_ **Case Status:** (Field) - ☐ Open or ☐ Closed

**Additional Suspect(s):**

**Name:** (Field) \_\_\_\_\_ **Relationship to Participant:** (Field) \_\_\_\_\_

**Address:** (Field) \_\_\_\_\_

**Vehicles Owned/Registered**

**Year:** (Field) \_\_\_\_\_ **Make/Model:** (Field) \_\_\_\_\_ **License #:** (Field) \_\_\_\_\_

**Year:** (Field) \_\_\_\_\_ **Make/Model:** (Field) \_\_\_\_\_ **License #:** (Field) \_\_\_\_\_

☐ **Employer**      ☐ **Business Ownership**      ☐ **Suspected Ownership**

**Name:** (Field) \_\_\_\_\_ **Duration of Employment/Business:** (Field) \_\_\_\_\_

**Address:** (Field) \_\_\_\_\_

**[ ] Employer # 2**

Name: \_\_\_\_\_ (Field) Duration of Employment: (Field) \_\_\_\_\_

Address: \_\_\_\_\_ (Field) \_\_\_\_\_

**[ ] Employer # 3**

Name: \_\_\_\_\_ (Field) Duration of Employment: (Field) \_\_\_\_\_

Address: \_\_\_\_\_ (Field) \_\_\_\_\_

**[ ] Real Property Ownership****[ ] Suspected Real Property Ownership**

Address: \_\_\_\_\_ (Field) \_\_\_\_\_

**Personal Property** (Cash, Savings and Checking Accounts and/or Mutual Funds)

Account Number(s): \_\_\_\_\_ (Field 1) \_\_\_\_\_ (Field 2) \_\_\_\_\_ (Field 3)

**Comments:** \_\_\_\_\_ (Field) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our records will show this case has been transferred to your unit. Should you decide to reject the case for investigation, please complete the PA 6-1, Miscellaneous Transmittal and return the welfare case record and the original supporting documents to WFP&I Administration within 60 days.

Please contact (Field for Deputy Director's Name) at (Field for telephone number), if you have questions or need additional information.

(Field for Welfare Fraud Investigator's Name) (Field for WFI's phone #)

(Field for Sup. Welfare Fraud Investigator's Name) (Field for SWFI's phone # )

\_\_\_\_\_  
Luther Evans, Director  
Welfare Fraud Prevention & Investigations

LE:MH:rw

Attachments

c: Original to District Attorney, 2<sup>nd</sup> Copy to Deputy Director, 3<sup>rd</sup> Copy to SWFI

## DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

CHECKLIST FOR REFERRAL TO DAI UNIT

This checklist is to be completed by the Welfare Fraud Investigator (WFI) when forwarding a referral to the Supervising Welfare Fraud Investigator (SWFI) and the Deputy Director for evaluation and approval to forward the welfare fraud referral to the Office of the District Attorney, Investigations Section, Welfare Recipient Fraud Unit for consideration.

Please ensure the following pertinent evidence has been copied and filed in a duplicate Central Fraud Folder (CFF) before you submit the referral to the SWFI for approval:

- ☐ Copy of the completed WFP&I, DAI XXX, Referral, including the following information:
  - a. Case Name and Case Number
  - b. Household composition information (# of adults and # of children)
  - c. Periods of Aid (dates and type of aid received)
  - d. Allegations of suspected fraud
  - e. Copies of all significant evidence
  - f. Identification documents (Birth Certificates, SSN #/Cards, ID Cards, Driver's Licenses)
  - g. CalWORKs CW 7's
  - h. Any additional documentation that may be pertinent to the investigation
  - i. Estimated monetary loss
- ☐ Copy of a PA 6-1, Miscellaneous Transmittal to be signed by DAI Unit upon receipt of CFF (Distribution: 1<sup>st</sup> Copy – DAI, 2<sup>nd</sup> Copy – DD, 3<sup>rd</sup> Copy – SWFI),
- ☐ PA 6-1 has been annotated to reflect all portions of the Historical Welfare Case Record obtained from FKI or from the case-carrying district by the WFI are also being forwarded.
- ☐ Copies of all PA 853, Affidavits, completed by participant and any witnesses
- ☐ Copy of PA 334, Investigative Activity Record
- ☐ Copy of any other documentation pertinent to the allegation

The completed signed checklist is to be forwarded along with the original and duplicate CFF to the SWFI for review and approval before the case is forwarded to the Deputy Director. If all documents are enclosed and the duplicate CFF is complete, the Deputy Director will forward the CFF to the DAI Unit.

WFI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SWFI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DD Signature: \_\_\_\_\_

Date: \_\_\_\_\_